



# THE LANTERMAN ACT & EARLY INTERVENTION SERVICES ACT 2009

What Are The Changes?  
What Do They Mean to My Services?  
What Can I Do?

*Presented by Developmental Disabilities Area Board XIII  
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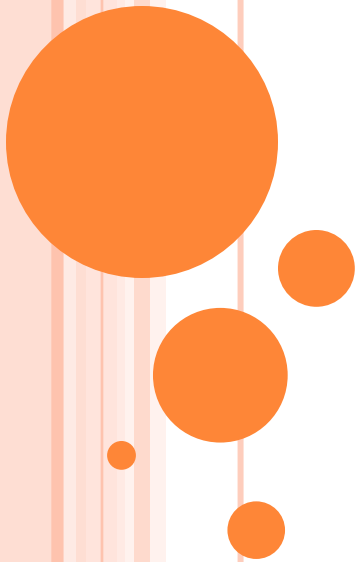
# OVERVIEW OF DDS COST SAVINGS

## ***Changes Will Be Occurring in the Areas of:***

- *Early Start*
- *Respite*
- *Utilization of Neighborhood Preschools*
- *Behavioral Services*
- *Supported Living*
- *In-Home Support Services (IHSS)*
- *Transportation*
- *Temporarily Suspended Services*
- *Uniform Holiday Schedule*
- *New Service for Seniors*
- *Custom Endeavors Option*
- *Developmental Centers*
- *General Standards*
- *Quality Assurance Consolidation*
- *Other*

**2009 CHANGES**

**A CLOSER LOOK**



# EARLY START

- Eligibility for entry after 24 months of age is now limited to ONLY those toddlers who have a:
  - 50% or greater delay in one domain, or
  - 33% or greater in two domains.
  - *The age of the infant / toddler at the time of the initial referral will be the age for consideration of eligibility.*
  - Eligibility for children aged 0-24 months is 33% delay in one or more areas.
- Effective October 1, 2009 infants and toddlers at “high risk” no longer eligible and will be served under a new prevention program.
- “At risk” infants / toddlers impacted by this change have no right to a fair hearing seeking continued eligibility due to “at risk” factors.
- Parents could request a fair hearing if they believe their child meets the eligibility requirements for regional center services due to a developmental delay or an established risk condition.

# EARLY START

- ***Services NO longer Covered:***
  - Regional Centers will not purchase services that are not federally mandated (i.e. required under the federal Early Start grant program).
  - These services include:
    - Child care
    - Diapers
    - Dentistry
    - Interpreters
    - Translators
    - Genetic Counseling
    - Music Therapy
    - Respite Services (not related to the developmental delay)

# EARLY START

- ***Use of Neighborhood Preschools***
  - Promotes the use of neighborhood preschool services.
  - Families able to have toddler attend local preschools with the regional center providing necessary supports.
- ***Group Training for Parents on Behavior Intervention Techniques***
  - New law promotes the use of group behavioral training instead of some or all of in-home parent training.
- ***Use of Private Insurance***
  - Similar requirement of families with children over 3 years of age.
  - Required parents of children under 3 to ask their private insurance or health care service plan to pay for medical services covered by the insurance of plan. (other than evaluation / assessment)

# BEHAVIORAL SERVICES

- The new law limits regional center's ability to purchase Behavior Intervention Services, both:
  - Applied Behavioral Analysis (ABA), &
  - Intensive Behavior Intervention Services (IBI).
  - Applies to both Lanterman and Early Start consumers.
- Changes include the following:
  - Regional Centers can purchase Behavior Intervention Services:
    - If the service providers uses evidence-based practices;
    - If the services promote positive social behaviors;
    - If the services help address issues with learning and social interactions.
    - Services will be discontinued when goals are achieved.
    - ABA and IBI will be evaluated every 6 months.

# BEHAVIORAL SERVICES

- Parents must participate in the established intervention program. Examples are:
  - Completion of group instruction;
  - Implementation of intervention strategies;
  - Data collection;
  - Participation in meetings;
  - Purchase of suggested materials or community involvement if a reward system is used.
- Behavior Intervention Services may not be used for purposes of:
  - Respite;
  - Day care;
  - School services;
  - Emergency crisis services.



# RESPITE

- Respite hours will be purchased only when the consumer requires more care/supervision than a person the same age without a developmental disability.
- Out-of-home respite is limited to 21 days per year.
- In-home respite is limited to 90 hours per quarter.
- Day care services cannot be used in lieu of respite.
- Exemptions to respite criteria can be made under certain situations.
- Changes will take effect September 1, 2009 and remain until the Individual Choice Budget is implemented.

# RESPITE

- Expanded Scope of duties for In-Home Respite Workers – Incidental Medical Services
  - Respite workers can provide new services to consumers after receiving training by a medical professional.
  - The respite worker will receive an increase in compensation of \$.50/hour for the time performing these duties.
  - New services that can be provided by a respite worker include:
    - *Colostomy and ileostomy care.*
    - *Urinary catheter care.*
    - *Gastrostomy care.*
- To perform these services, respite workers must:
  - Be an employee of a vendored agency that provides in-home respite;
  - Receive training from a licensed health care professional;
  - Provide proof of completion of a first aid and CPR course within the preceding year.

# IN-HOME SUPPORTIVE SERVICES

- Supported living providers must assist consumers with getting IHSS within 5 days of moving into supported living.
- While the individual is waiting for IHSS, the supported living agency will be paid the IHSS rate for performing IHSS type services.
- IHSS participation will be limited to “higher need” individuals.
- Domestic and related services will be limited to only those individuals with a “functional index” rank of 4 and above.
- Some people whose disability is mild to moderate may lose all IHSS hours.
- The changes would not affect personal care, protective supervision, or paramedical services.
- People who receive IHSS and those who provide the services will need to be fingerprinted as part of an “anti-fraud” initiative.

# SUPPORTED LIVING SERVICES

- Regional centers will work with SLS providers on rates of payment that are cost effective, include reasonable administrative costs, and can be no higher than the rate on July 1, 2008.
- Housing costs and household expenses are the responsibility of the individual. Exceptions exist only to meet specific care needs and the consumer's condition presents a health/safety risk.
- Consumers living in the same home will use the same SLS provider as long as their needs can be met.
- The IPP must identify and utilize natural (e.g. family, friends) and generic (e.g. Section 8, MediCal, IHSS) supports as much as possible.

# TRANSPORTATION SERVICES

- Regional Centers must pursue lower cost transportation that still meets a consumer's needs.
- Regional Center funding cannot be used for specialized transportation if an adult can safely use public transportation. If a consumer can use public transportation, they will be assisted to do so.
- Regional centers will buy services close to consumers' homes to save on transportation costs, when such services meet the individual's needs.
- When feasible, families will be asked to provide transportation for children rather than regional centers purchasing transportation.

# USE OF GENERIC SERVICES & PRIVATE INSURANCE

- The Lanterman Act currently requires regional centers to use generic services when available.  
Services Considered “Generic” Include:
  - Medi-Cal
  - Medicare
  - Civilian Health and Medical Program for Uniform Services (CHAMPUS, TRICARE)
  - In-Home Support Services (IHSS)
  - California Children’s Services
  - Private Insurance or health care service plan.

# PURCHASE OF EXPERIMENTAL TREATMENTS

- Regional centers are prohibited from purchasing experimental treatments & therapeutic services or devices that:
  - Have not been clinically determined or scientifically proven to be effective or safe or –
  - Where risks and complications are unknown.
- Experimental treatments or therapeutic services include: experimental medical or nutritional therapy.
- *IMPLEMENTATION:*
  - Effective July 28, 2009 for new IFSPs and IPPs.
  - 30 day notices being sent for existing IFSPs / IPPS to discontinue funding.

# UNIFORM HOLIDAY SCHEDULE

- Standardizes the holiday schedule for day programs, look-alike day programs, and work activity programs.
- Increases the total number of holidays from 10 days to 14 days.
- All programs will have the same 14 holidays off each year. (Dates to be determined)



## PARENTAL FEE PROGRAM

- Updates the monthly fee parents of children under the age of 18 living in an out-of-home care arrange (e.g. community care facility, developmental center, etc.) must pay.
- Parents with income below the current Federal poverty level will not be assessed a fee.
- Fee increase for maximum fee would increase from \$662 to \$1,875 / month for the highest income families.
- Phased in over three years – one-third of the increase each year.

# TEMPORARILY SUSPENDED SERVICES

- The following services will be temporarily suspended (pending development of the Individual Choice Model).
  - Social / recreation activities (except those vendored as community-based day programs);
  - Camping services and the associated travel;
  - Educational services for minor, school-aged children;
  - Non-medical therapies (e.g. specialized recreation, art, dance, music, etc.)
  - *“The regional center may grant an exemption on an individual basis in extraordinary circumstances to permit the purchase of a service identified above when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer’s developmental disability, or the service is necessary to enable the consumer to remain in her or her home and no alternative service is available to meet the consumer’s need.”*

# WHAT CAN YOU DO?

- If the Regional Center sends you a notice of action to reduce or terminate a service you should:
  - *Take the time to think how this change will affect your life.*
  - *Contact your Service Coordinator for further clarification or,*
  - *Request a Team Meeting to discuss the changes in more detail.*
  - *If you do not agree with the decision, file for a Fair Hearing as soon as possible.*
    - **If you request the hearing within 10 days of receiving the notice, your services will be continued while the hearing process is conducted;**
    - **If you request the hearing after 10 days but still before the 30 day limit, you will receive the fair hearing but your services may be discontinued until the outcome of the hearing is known.**
  - *The handout “Fair Hearing Flow Chart” provides detailed information on the Fair Hearing process.*

# WHO CAN HELP?

- Area Board XIII
  - 1-619-645-3000
  - 1-800-748-2055
- Disability Rights California
  - 1-800-576-9269 / 1-619-239-7861
  - [www.disabilityrightsca.org](http://www.disabilityrightsca.org)
- Office of Clients' Rights Advocacy
  - 1-619-239-7787
- Medi-Cal Information:
  - Department of Health Care Services website:
    - [www.dhcs.ca.gov](http://www.dhcs.ca.gov)
  - Medi-Cal website:
    - [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
  - Medi-Cal Access Line:
    - 1-866-262-9881